

# CITY OF NATIONAL CITY BUSINESS LICENSE APPLICATION

1243 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950

PLEASE TYPE OR PRINT. LICENSE WILL NOT BE ISSUED IF REQUIRED INFORMATION IS INCOMPLETE. ENCLOSE PAYMENT WITH APPLICATION. **MAKE CHECKS PAYABLE TO THE CITY OF NATIONAL CITY.**

BUS # \_\_\_\_\_ LIC # \_\_\_\_\_  
**ALL LICENSES EXPIRE DECEMBER 31**  
**RENEWALS ARE DUE BY FEBRUARY 28**

## A. GENERAL INFORMATION

BUSINESS NAME (D.B.A. OR INDIVIDUAL NAME)	<b>LOCAL BUSINESS PHONE</b>
CORPORATE NAME (IF DIFFERENT FROM D.B.A.)	

## LOCATION IN NATIONAL CITY

NUMBER	DIR	STREET NAME	ROOM/SUITE NO.
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## MAILING ADDRESS AND/OR P.O. BOX

NUMBER	DIR	STREET NAME	ROOM/SUITE NO.
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## P.O. BOX NO.

CITY	STATE	ZIP CODE
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PHONE NUMBER AT MAILING ADDRESS. INCLUDE AREA CODE	<b>CASHIER'S COPY</b>
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## B. TRANSACTION TYPE – CHECK AND COMPLETE IF APPLICABLE

<input type="checkbox"/> <b>NEW BUSINESS IN NATIONAL CITY: BUSINESS WILL OPEN/OPENED ON:</b> _____
<input type="checkbox"/> <b>OWNERSHIP CHANGE: PREVIOUS BUSINESS NAME:</b> _____

## C. DESCRIPTION OF BUSINESS

CHECK ONE: A. <input type="checkbox"/> WHOLESALE B. <input type="checkbox"/> RETAIL C. <input type="checkbox"/> SERVICE D. <input type="checkbox"/> RENTAL UNITS, # OF UNITS _____ E. <input type="checkbox"/> MANUFACTURING F. <input type="checkbox"/> CONTRACTOR		
STATE LICENSE #/ HEALTH PERMIT/ ABC #/ DRIVERS LIC. #	STATE RESALE #	FEDERAL ID #/ SOCIAL SEC. #
DESCRIBE BUSINESS FULLY – INCLUDE PRINCIPAL PRODUCT OR SERVICE		
NUMBER OF BUSINESS VEHICLES OPERATING IN NATIONAL CITY WITH YOUR COMPANY ADVERTISING (LOGO) ON THEM _____		

## D. OWNERSHIP INFORMATION

CHECK ONE: 1. <input type="checkbox"/> SINGLE PROPRIETORSHIP 2. <input type="checkbox"/> PARTNERSHIP C. <input type="checkbox"/> CORPORATION				
LIST OWNER/PARTNERS/CORPORATE OFFICERS				
LAST NAME	FIRST NAME	MI	TITLE	HOME PHONE
HOME ADDRESS		CITY	STATE	ZIP CODE
LAST NAME	FIRST NAME	MI	TITLE	HOME PHONE
HOME ADDRESS		CITY	STATE	ZIP CODE

## E. EMERGENCY INFORMATION

LIST IN ORDER OF PRIORITY AND PROXIMITY TO BUSINESS THE PERSON TO BE CONTACTED AT NIGHT IN CASE OF BREAK IN OR FIRE		
NAME 1. _____ 2. _____	TITLE _____ _____	TELEPHONE # _____ _____
DO YOU HAVE A BURGLAR ALARM? 1. <input type="checkbox"/> NO 2. <input type="checkbox"/> YES: IF YES 3. <input type="checkbox"/> SILENT 4. <input type="checkbox"/> AUDIBLE		
NAME OF ALARM COMPANY		PHONE #

## F. EMPLOYEE INFORMATION

PLEASE INDICATE THE NUMBER OF EMPLOYEES EMPLOYED BY YOUR BUSINESS: _____
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-----OFFICE USE ONLY-----

DECALS V \_\_\_\_\_ G \_\_\_\_\_  
B/C – H/O PEND \_\_\_\_\_ ON FILE: B/C – H/O \_\_\_\_\_ N/A B/C – H/O PEND P L A L – A A/P C C-A/P  
AUDITED BY \_\_\_\_\_ DATE \_\_\_\_\_ ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_  
DATE H/O PD \_\_\_\_\_ B/L SENT \_\_\_\_\_ INT \_\_\_\_\_

**City of  
National City**

BUSINESS LICENSE DIVISION  
(619) 336-4330

TAXES \$ \_\_\_\_\_  
MISC \$ \_\_\_\_\_  
PENALTY \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

# BUSINESS LICENSE TAX RATE SCHEDULES

## SCHEDULE I- BUSINESSES NOT CHARGED ON GROSS RECEIPTS (ENTER TOTAL ON LINE 11 BELOW)

<b>CONSTRUCTION ONLY</b>					
<input type="checkbox"/> A. Type "C" Sub-Contractor-Out-of-Town	\$ 135.00	<input type="checkbox"/> H. Fortune telling	\$ 265.00	<input type="checkbox"/> Q. Registered Not-for-profit	N/C
<input type="checkbox"/> B. Type "A" or "B" contractor-Out-of-Town	\$ 200.00	<input type="checkbox"/> I. Bingo	\$ 50.00	<input type="checkbox"/> P. Fee exempt	N/C
<input type="checkbox"/> C. Adult only movie theater	\$ 535.00	<input type="checkbox"/> J. Pawn broker	\$ 400.00	<input type="checkbox"/> Q. Warehouse incidental to business	N/C
<input type="checkbox"/> D. Adult only book store	\$ 535.00	<input type="checkbox"/> K. Swap meet	\$ 6,000.00	(Business must be in National City.)	
<input type="checkbox"/> E. Amusement arcade	\$ 265.00	<input type="checkbox"/> L. Mobile search light advertising	\$ 135.00	<input type="checkbox"/> S. Auctioneer	\$ 135.00
<input type="checkbox"/> F. Bowling alley	\$ 265.00	<input type="checkbox"/> M. Mobile Amusement vehicle	\$ 65.00	1. Out-of-town vendor \$65.00 per vehicle	
<input type="checkbox"/> G. Dancehall	\$ 805.00	<input type="checkbox"/> N. 2nd location in National City	\$ 20.00	\$65.00 x _____ vehicles = _____	
				2. Retail food & beverage vendors \$200 per vehicle	
				\$200.00 x _____ vehicles = _____	

## SCHEDULE II – BUSINESSES CHARGED ON GROSS RECEIPTS

TAXABLE GROSS RECEIPTS	1	2	3	4	5	6
0-19,999	50	50	50	50	50	50
20,000-49,999	50	50	50	50	60	80
50,000-99,999	50	50	52	60	74	86
100,000-199,999	50	50	58	70	81	93
200,000-299,999	50	64	80	96	112	128
300,000-399,999	60	81	101	121	141	161
400,000-499,999	73	97	121	145	169	194
500,000-599,999	84	113	141	169	197	225
600,000-699,999	96	128	160	192	224	256
700,000-799,999	107	143	179	214	250	286
800,000-899,999	118	157	197	236	275	315
900,000-999,999	129	172	215	257	300	343
1,000,000-1,099,999	139	185	232	278	324	371
1,100,000-1,199,999	149	199	248	298	348	398
1,200,000-1,299,999	159	212	265	318	371	423
1,300,000-1,399,999	168	224	280	336	392	449
1,400,000-1,499,999	177	236	296	355	414	473
1,500,000-1,999,999	222	296	370	444	518	592
2,000,000-2,499,999	266	355	444	533	621	710
2,500,000-2,999,999	310	413	516	619	723	826
3,000,000-3,499,999	352	469	586	703	820	938
3,500,000-3,999,999	392	523	653	784	915	1045
4,000,000-4,999,999	470	627	783	940	1,096	1253
5,000,000-5,999,999	545	727	908	1,090	1,271	1453
6,000,000-7,999,999	688	918	1,147	1,376	1,606	1835
8,000,000-10,999,999	894	1,192	1,490	1,788	2,086	2384
11,000,000-13,999,999	1,091	1,455	1,819	2,183	2,547	2,910
14,000,000-15,999,999	1,217	1,623	2,029	2,434	2,840	3,246
16,000,000-17,999,999	1,343	1,791	2,238	2,686	3,133	3,581
18,000,000-19,999,999	1,469	1,958	2,448	2,937	3,427	3,916
20,000,000-21,999,999	1,594	2,126	2,657	3,189	3,720	4,252
22,000,000 – AND ABOVE	1,720	2,294	2,867	3,440	4,014	4,587

## BUSINESS LICENSE TAX CALCULATION

### A. BASIC TAX (CHECK ONE)

- ☐ FOR CLASSIFICATION 1-6, **FIRST LICENSE \$50.00**.....
- (a) Processing fee for initial "In City" business license application \$50.00.....
- ☐ FOR CLASSIFICATION 1-6 ONLY, **SECOND YEAR RENEWAL**.....
- EXACT GROSS RECEIPTS FROM PREVIOUS YEAR \$.....
- TAX (FROM RATE SCHEDULE II) \$..... X 2 = .....
- LESS PRIOR YEAR MINIMUM DEPOSIT \$..... -50.00.....
- NET TAX.....
- ☐ FOR CLASSIFICATION 1-6 ONLY, **RENEWALS AFTER SECOND YEAR**.....
- EXACT GROSS RECEIPTS FROM PREVIOUS YEAR \$.....
- TAX (FROM RATE SCHEDULE II) .....
- ☐ FOR BUSINESSES NOT CHARGED ON GROSS RECEIPTS.....
- FLAT TAX (FROM RATE SCHEDULE I) .....

### B. OTHER FEES (CHECK IF APPLICABLE)

- ☐ CHANGE OF LOCATION (\$50.00) .....
- ☐ CHANGE OF BUSINESS NAME (\$11.00) .....
- ☐ VIDEO GAMES,—\$5.00 PER MACHINE X \_\_\_\_\_ MACHINES.....
- ☐ MISCELLANEOUS .....
- SUBTOTAL** .....

### C. PENALTY IF RENEWAL IS PAID AFTER FEBRUARY 28th

- ☐ MARCH 1<sup>st</sup> through MARCH 31<sup>st</sup> ADD 20% .....
- ☐ APRIL 1<sup>st</sup> through APRIL 30<sup>th</sup> ADD 40% .....
- ☐ MAY 1<sup>st</sup> through MAY 31<sup>st</sup> ADD 60% .....
- ☐ JUNE 1<sup>st</sup> through JUNE 30<sup>th</sup> ADD 80% .....
- ☐ AFTER JUNE 30<sup>th</sup> ADD 100% .....
- TOTAL TAX DUE**.....

PLEASE ENCLOSE PAYMENT WITH APPLICATION  
CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF NATIONAL CITY

D. SALES OR USE TAX MAY APPLY TO YOUR BUSINESS ACTIVITIES. YOU MAY SEEK WRITTEN ADVICE REGARDING THE APPLICATION OF TAX TO YOUR PARTICULAR BUSINESS BY WRITING TO THE NEAREST STATE BOARD OF EQUALIZATION OFFICE.

E. I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE	TITLE	DATE
BUSINESS NAME		